FILING DATE

	5
- 55	\leq
(7
	≺
8	ر
. 0.5"	
46	1
150	_
	7
1	_
3 C)
-	_
	7
	ر
	>
	_
	-
-	_
U	7
-0	1
	<
C.Y.	4

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

-		(FOR U	SE WITH	FORM P	TO-875)									
	AS	FILED	AFTER AFTER 1st AMENDMENT 2nd AMENDMENT			LAIM	MS I *			1*		1*		
	IND.	DEP.	IND.	DEP.	2nd AMI	DEP.	-		IND.	DEP.	IND.	DED	├	Т
1		-					ŀ	51	1110.	DEF.	IND.	DEP.	IND.	DEP
$\frac{2}{3}$			<u> </u>					52				 		†
4		+	 				- 1	53						
5	-	 -					-	54		ļ	<u> </u>	 		
6	1						H	55 56				ļ	<u> </u>	<u> </u>
7							 	57			 			
8							<u> </u>	58						├
9								59						
10 11	-i -						L	60						<u> </u>
12		 - 					_	61						
13	1						-	62						
14							⊢	63 64						
15								65						
16								66						
17								67						
19	-		+				<u> </u>	68						
20	1	+					-	69						
21				\neg	-+		\vdash	70		\longrightarrow				
22							-	71 72	-+					
23								73						
24 25	 							74						
26	++						-	75						
27							-	76						
28							-	77 78						
29							-	79						
30								80						
31	 	-+						81						
33	 						-	82						
34	 						_	83						
35							-	84 85						
36								86		-+				
37								87				-		
38								88						
40							_	89						
41				_	- -			90						
42								92						
43								93						
44				_	$-\bot$			94						
46							-	5						
47								96						
48								97						
49						$\neg \vdash$		9					$-\!\!+\!\!\!-$	
50	-, 		$-\Box$				10			$\neg +$				
TOTAL IND.		1 L					TOT	AL				$\overline{}$	$\neg +$	
TOTAL DEP.	13	_	—	•		ا و	TOT	AL	— -	J ├─	-	ነ ├─		ا
TOTAL CLAIMS	191						TOT	AL		2				
TO-1360	(3-78)		*MA	Y BE USE	D FOR A	DDITIONA	L CLAI		MENDA		S. DEPAR	TMENT	1 COMMS	
Annual Control of the										Pa	tent and T	rademark	Office	